

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18465 (5)
1. Corporation Name
OCCIDENTAL CRUDE SALES, INC.



Principal Place of Business: 2000 POST OAK BLVD. HOUSTON TX 77006-4409 US
Mailing Address: P. O. BOX 300 TULSA OK 74102 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-3051926	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

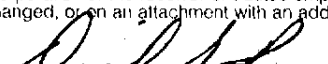
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYS STREET STE - 105 TALLAHASSEE FL 32301				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	CERTIFIED MAIL # 038837
				B4	DATE MAILED APR 09 1998
				B5	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has authorized me for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AS	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISE, STEPHEN P.		1.2 NAME		
STREET ADDRESS	10889 WILSHIRE BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, SHELLEY D		2.2 NAME	DAVID C. YEN	
STREET ADDRESS	10889 WILSHIRE BLVD.		2.3 STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	LOS ANGELES, CA 90024	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL P		3.2 NAME		
STREET ADDRESS	1200 DISCOVERY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAKERSFIELD CA		3.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, LINDA A		4.2 NAME		
STREET ADDRESS	10889 WILSHIRE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID G		5.2 NAME		
STREET ADDRESS	110 WEST 7TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA OK		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEHAUS, JAMES R		6.2 NAME	S. A. (PETE) SMITH	
STREET ADDRESS	1200 DISCOVERY DR		6.3 STREET ADDRESS	1200 DISCOVERY DR.	
CITY-ST-ZIP	BAKERSFIELD CA		6.4 CITY-ST-ZIP	BAKERSFIELD, CA 93309	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DAVID G. ROSS 4-7-98 (918) 561-3497

CR2E034 (10/97)